



COMMONWEALTH OF MASSACHUSETTS - OFFICE OF THE STATE COMPTROLLER
INTERDEPARTMENTAL SERVICE AGREEMENT (ISA) AUTHORIZATION FORM

BUDGET: (Complete all that apply)

Personnel	\$ _____
Fringe or other Personnel Benefits	\$ _____
Indirect Costs	\$ _____
Equipment	\$ _____
Supplies/Administrative Expenses	\$ _____
Contract Services (providers/vendors)	\$ _____
OTHER:	\$ _____
OTHER:	\$ _____
OTHER:	\$ _____
AMENDMENT AMOUNT (if applicable)	\$ _____
MAXIMUM OBLIGATION	\$ _____

BUYER DEPARTMENT AUTHORIZED SIGNATORY: By signing below the Buyer certifies under the pains and penalties of perjury that it is legislatively authorized to enter into this ISA, that sufficient funds are available for this ISA, and that this ISA complies with 815 CMR 6.00 and all other requirements of law:

SELLER DEPARTMENT AUTHORIZED SIGNATORY: By signing below the Seller certifies under the pains and penalties of perjury that it is legislatively authorized to enter into this ISA, that sufficient funds are available for this ISA, and that this ISA complies with 815 CMR 6.00 and all other requirements of law.:

Authorized Signatory: X _____

Print Name: _____

Title: _____ Date: _____

Authorized Signatory: X _____

Print Name: _____

Title: _____ Date: _____

Completed Forms should be submitted to:

The Office of the State Comptroller

c/o Procurement Unit

One Ashburton Place - 9th Floor

Boston, MA 02108

(617) 727-5000